24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Senate Conservatives Fund	FEC IDENTIFICATION NUMBER ▼ C C00448696
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination 02 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 388	Amount
City State Zip Code Alexandria VA 22313-0388	2077.15 Transaction ID : E3AEEA20FF18E4115BE8 Date of Disbursement or Obligation
Purpose of Expenditure IE-Bevin-Online Processing Category/ Type	02 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Matthew Griswold Bevin Support Office Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: X Primary General Other (specify) ▶
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination 02
Mailing Address PO Box 388	Amount
City State Zip Code	1191.90
Alexandria VA 22313-0388	Transaction ID : E76832DEA60294974BAC Date of Disbursement or Obligation
Purpose of Expenditure IE-Bevin-Online Processing Category/ Type	02 / 22 / 2014
Matthew Original David	ce Sought: House District:
Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 164675.92 Dist 2015	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	3269.05
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Paul Kilgore [Electronically Filed] Date	02 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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